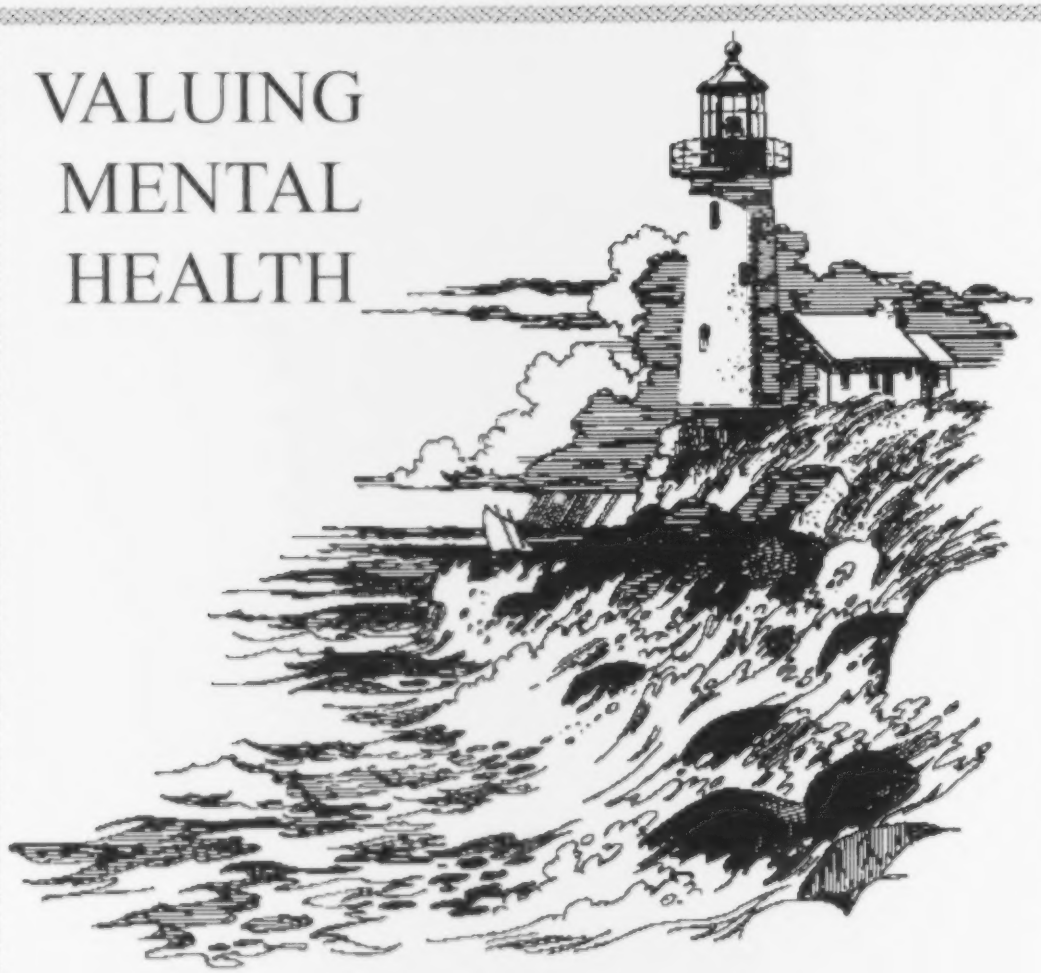
VALUING MENTAL HEALTH



A FRAMEWORK
TO SUPPORT THE DEVELOPMENT
OF A
PROVINCIAL MENTAL HEALTH POLICY
FOR
NEWFOUNDLAND AND LABRADOR

September, 2001

105-05455/

ACKNOWLEDGMENT

This paper represents the views and the efforts of a large number of individuals and groups with an interest in mental health. A broad based, consultative process, initiated by the Department of Health and Community Services in 1999, brought together a large number of stakeholders to explore and endorse major policy directions for the mental health system. The Newfoundland and Labrador Division of the Canadian Mental Health Association was contracted to develop a paper that captured the spirit and intent of these views and experiences. *VALUING MENTAL HEALTH* reflects the collective best wisdom of more than 100 individuals and organizations that provided input. It provides a solid foundation and insightful directions to achieving a mental health system that meets the needs of the residents of this province.

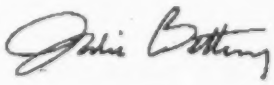
The contribution of all who participated in this process was significant and is greatfully acknowledged. In particular, the participation of mental health consumers warrants special mention. Without their generous involvement and willingness to candidly share their lived experience of mental illness this paper would have no basis.

FOREWARD

It is well known that Newfoundlanders and Labradorians are a resilient people, who have a positive outlook on life. While this bodes well for the mental health and well being of people and communities in the province, it is not the full picture. Stress, depression, anxiety and other mental health related conditions are common experiences of many residents. VALUING MENTAL HEALTH addresses the support and treatment that are required to alleviate mental health problems and illnesses while promoting the behaviors that facilitate our resiliency and adaptability. It provides a foundation for growth and positive influence.

This document represents a collaborative undertaking involving a large number of individuals and organizations. The working together, sharing and shaping of ideas that occurred over the two-year process, was a tremendous value to all involved. It has strengthened and united the mental health community by reinforcing the commonalities among its members. Continuing to build on that strength to foster improvements in mental health and well being is the challenge that lies ahead.

VALUING MENTAL HEALTH is one clear example of what Government's Strategic Social Plan really means and what it hopes to accomplish. It outlines a beginning approach, developed through consensus, for tackling important and sensitive issues that have a great impact on us all. It is an approach that has the full support of the Government and one that I am delighted to be part.



Julie Bettney, M.H.A.
Minister

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INTRODUCTION

Blair is an accountant in a successful firm. He is under tremendous work pressure because he is working to become a partner. In the last year he has felt a lot of anxiety, has suffered from insomnia, and has felt exhausted and inefficient at work. He sees little of his family, and relationships at home are strained. Blair always coped well with stress before, but now he feels he has lost control. His doctor tells him he is depressed, prescribes an anti-depressant and recommends sick leave. Through his firm's Employee Assistance Program, Blair is also able to get counselling for himself and his family to help them all understand and cope with this experience.

In August 1998, the Government of Newfoundland and Labrador introduced its Strategic Social Plan. The Plan lays out a new approach to issues of social well-being based on new ways of working together by government, communities and individuals. It calls for a shift away from crisis-driven responses towards "proactive approaches that effect long-term solutions." It states that "Wherever possible, policy development will stress the well-being of the whole population."

A proactive, population health and well-being approach is needed in mental health. Too often mental health is thought of simply as the absence of mental distress or disorder. Mental health, however, is not a narrow issue, of concern only to the users and providers of mental health services. It is an integral part of our overall health and well-being. We are all in a state of mental health - good, poor, or somewhere in between - and it affects every aspect of our lives.

As with physical health, we tend to take our mental health for granted until we have a problem: when we are over-stressed at home or at work; when we experience the loss of a job or a relationship; when worry or anxiety upsets our capacity to cope; or when we develop a mental illness. At such times we become aware of how important it is to have the right kind of support and services.

We are all potential users of mental health services, whether in the form of a family doctor, a counsellor, a support group or a psychiatrist. As with any health problem, only a small number will need intensive psychiatric care. However, the recovery and maintenance of good mental health involves more than service provision. It requires a much broader approach, one that applies to the whole population.

VALUING MENTAL HEALTH lays out some important policy directions to support the promotion and maintenance of mental health as well as for the care and treatment of individuals and families when mental health problems or illness occur. It identifies the need for informal community supports as well as for the professional service component. It makes the connection between the quality of one's mental health and the social determinants of health such as income, housing and employment.

The paper is intended as a resource for the future development of the mental health system. Its starts with the notion that mental health is a universal issue- a vital aspect of everyone's quality of life. It emphasizes the belief that mental health policy must be broad enough to encompass the mental health needs of all people across all age groups and specific enough to address the specialized complex needs of individuals with serious mental illness. It identifies a number of challenging issues for the system to address and outlines appropriate goals to be achieved.

UNDERSTANDING MENTAL HEALTH

What We Mean By Mental Health And Illness

It is important to make a distinction between **mental health** and **mental illness** or disorder. A widely accepted definition of mental health appears in **Mental Health for Canadians: Striking a Balance**, a federal government discussion paper published in 1988[2]. Mental health is described as the interaction between our individual characteristics and our environment, including home, family and friends as well as our involvement in the world of work and other community activities. Based on these factors, all of us exist at some point on a mental health continuum.

Mental Health

In a sense, mental health is like the weather: it is the emotional and psychological climate in which we live. Like the weather, it is affected by the systems moving through, sometimes fine, sometimes overcast, sometimes stormy. That is, mental health is our interaction with the context and events of our lives, critically affected by our life situation and the amount of support and control we have in dealing with our circumstances.

Factors Affecting Mental Health

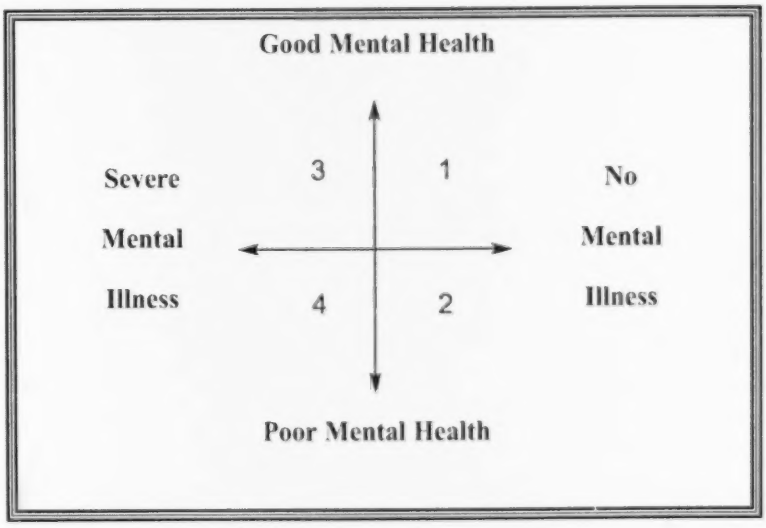
Mental health is about coping with the challenges of life, and no one gets through life without such challenges, from bereavement to job stress to relationship problems. Strong support networks and financial security do a lot to help a person cope with mental health problems, whereas living in a situation of poverty or abuse, with little control over circumstances, places serious strain on mental health. Income, housing, education and employment - or the lack of these - are key factors affecting our sense of well-being. "Whatever makes it difficult for the individual, the group and the environment to interact effectively ... is a threat or barrier to mental health," which may result in a mental health problem.

Mental Illness

A mental disorder, on the other hand, is a medically diagnosable illness that results in the impairment of an individual's thoughts, mood and behaviour. The causes of mental illness are still not fully understood, but have much to do with our individual biochemistry, often complicated by psycho-social stresses which may act as triggers. Research points to a genetic factor in major disorders like schizophrenia, manic depression and major depression. Also, mental illnesses tend to be episodic or cyclical in nature; a person may have episodes of acute illness, but also long periods of wellness. So the mental illness continuum is about the presence or absence of symptoms of disorder.

Impact of Mental Illness

The impact of mental illness, however, goes far beyond the actual symptoms. As it involves changes in thought, feeling and behaviour, serious mental illness can disrupt a person's education, employment prospects and relationships. All too often those with the most severe illnesses find themselves living in poverty and isolation - circumstances which would be hard on anyone's mental health, let alone that of someone with a major mental illness. So mental health and mental illness factors interact. Putting the two continuums together as quadrants, we see the relationship between them:



The quadrants can be explained as follows:

Quadrant 1: people have good mental health and no mental illness.

Quadrant 2: people may have severe stresses on their mental health but do not have a mental illness.

Quadrant 3: people may have mental illnesses but still have good mental health. With a secure income, strong support from family and friends, a home and a job to return to after episodes of illness, a person may cope well with the challenge of having a mental illness.

Quadrant 4: people have mental illnesses and also severe stress on their mental health. They may be unemployed, living in poverty and poor housing, with little family or social support. They may experience stigma and discrimination and have little access to education and satisfying work opportunities. Quadrant 4 represents the people with the greatest needs for both mental health services and community support.

At 32, Ruth has been depressed for years. In order to leave her chaotic family home, Ruth got married at 16 and had two children by the time the marriage broke up four years later. Suffering from severe depression, she was unable to support her two small children and her ex-husband gained custody. Over the last ten years Ruth has taken computer courses and worked hard to establish a home for her children, despite having repeated episodes of depression. At last things are looking up: she has a full-time job and her daughter, now 15, wants to come and live with her. Suddenly Ruth has started having uncontrollable flashbacks of childhood sexual abuse, which she has shut out of her awareness for many years. Her doctor tells her this is happening because she is now strong enough to handle it, and has given her a new diagnosis of Post Traumatic Stress Disorder. Ruth will need a lot of therapy, support and understanding to deal with her painful memories. Fortunately, the small town where she lives is less than an hour's drive from a centre where services are available.

THE CONCEPT OF RECOVERY

Jill is not just unemployed, she is on the psych ward for the third time since she was 17. She is depressed, suicidal and racked with anxiety and guilt. She was a straight A student but now she can't get her life together, and she calls herself stupid and lazy. Each bi-polar episode has made it more difficult to get back on track. Her family can't accept that she is mentally ill and they've given up on her. Jill is alone and afraid. The hospital social worker has helped her apply for social assistance, but she's depending on a friend she made last time she was in hospital to help her find a place she can afford to live.

Despite tremendous advances in the treatment of major mental illness, there are, at this point in time, no "cures" but as with physical disability, a person with a mental illness can recover and lead a fulfilling life if the necessary supports are available.

Recovery is described by psychiatrist and author, William Anthony, as "a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness."

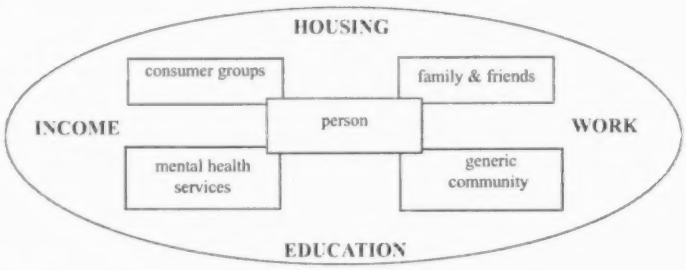
The concept of recovery gives us a new way of seeing the goals of the mental health system. Recovery is about much more than treatment of symptoms: it is about personal growth and well-being, supported by the availability of essential resources and services.

To sum up, **"Apart from illness-related needs, people with mental illness have the same range of mental health needs as anyone else. The process of achieving mental well-being is the same for everyone: it involves removing the barriers that prevent the individual, the group and the community from interacting in positive ways" (Striking a Balance)**[5]

Our vision of a provincial mental health system that promotes well-being is based on this understanding.

THE COMMUNITY RESOURCE BASED MODEL

The Community Resource Base Model provides a framework for supporting the well-being of any person with mental health needs:



The focus of this framework is on the person-in-the-centre, the unique individual with mental health needs, linked to the following resources:

1. Medical/clinical services, both hospital and community-based, are needed to treat mental illness and provide therapeutic interventions that prevent deterioration of individual, family and/or community mental health.

2. Community services such as income support, housing and employment services are crucial to enabling the person to return to life in the community. Both community groups (e.g. churches) and activities (eg. recreation, volunteering, hobbies and entertainment) are all important connections to community life.

3. The informal support given by family and friends is the single most important factor supporting mental well-being. Families provide much of the care, accommodation and financial assistance that enables people with mental illnesses to stay out of hospital, but frequently receive little recognition, information and support from the formal system for the role they play. If a person has no family support, home care services like those provided for people with physical disabilities may be necessary.

Growing up in a small community, Jason was a loner as a teenager and became increasingly withdrawn. He had his first episode of schizophrenia during his second term at University and has been in hospital four times in the last six years. He had to stay in town to maintain his treatment and doctor's visits, and he has scraped by, living in boarding homes and bedsitters on only $603 per month. He attended several programs but was never well enough to get a job. His main support has come from his counsellor and the friends he made through a self-help group. Last year funding was approved for Jason to start on one of the new drugs, and he is feeling much better for the first time in years. He is hoping to go back to University part-time and would like to become a librarian.

4. The consumer self-help movement is an important source of information, education and support for the person with a mental illness or mental health problem. For any experience which puts stress on mental health (from mental illness to divorce, bereavement or care giving), coming together in mutual support groups helps people break out of isolation and share their experience and knowledge with others who have "been there". Studies have shown that participation in self-help increases one's sense of control, strengthens cop ing, and reduces dependence on formal services. Also, some strong advocates have emerged from the self-help movement.

5. The Foundation of the Community Resource Base depicts the elements of citizenship that are essential to participation in mainstream society: income, housing, education and employment (called "Determinants of Health" in Health Canada's population Health Model).Without these elements, people are pushed to the margins of society, with corresponding stress on their mental health.

The Community Resource Base Model has a number of important implications:

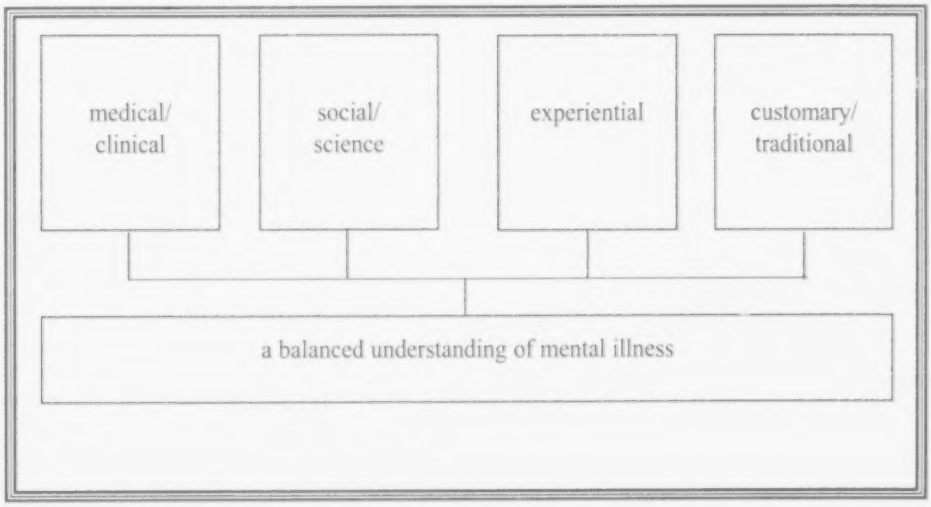
It is person-centered, not system-centered: we need to look through the "lens" of each individual at the range of resources he or she needs, not just to treat mental illness, but to recover and maintain an optimal level of mental health.

It is participatory: the model shows who needs to be part of the team involved in planning and making decisions, particularly the person-in-the-centre and informal caregivers - the people who live with the problem or illness and have their own knowledge and expertise.

It represents a paradigm shift: the model moves beyond the "service paradigm" and the assumption that clinical services alone are responsible for health, while including these as a vital component. Rather, it represents a "community process paradigm." It encourages service providers to see the importance of other community and informal resources and to help develop the natural capacity of people and communities.

THE KNOWLEDGE RESOURCE BASE

To implement the Community Resource Base, we have to value and utilize different kinds of knowledge and expertise, as depicted in the Knowledge Resource Base:[7]



For a balanced understanding of mental illness, we need other kinds of knowledge in addition to that of clinical experts. We need to take account of the social determinants of health such as poverty and environment; we need to learn from the experiential knowledge that comes from the inside, from consumers and family members living with the illness and experiencing its impact on relationships and life in the community; and we need to understand the impact of customary and traditional knowledge e.g. cultural beliefs - fears, myths and stereotypes that feed stigma and make the experience of mental illness particularly difficult. We also have much to learn about non-conventional approaches such as herbal remedies, and the traditional healing practices of our aboriginal people and other cultures.

It was clear from an early age that Matthew was a gifted artist. His parents were devastated when he developed schizo-affective disorder in his late teens, but they were determined that Matthew would have every possible opportunity to realize his potential in spite of this. From early on the family and the clinical team worked together to support him through episodes of illness and recovery. Matthew went back to school part-time and succeeded in completing his Fine Arts degree over a period of nine years. "My two best friends hung in with me, and my folks were always there to back me up," says Matthew. "The school was great too - they let me work at my own pace." Matthew's painting continues to develop, and his work is being displayed and sold in art shows and galleries.

DIRECTIONS FOR THE FUTURE

The last thing Betty wanted to do when she was diagnosed was tell anyone else. A health professional herself, she felt unable to admit she had a mental illness, particularly because of the stigma involved. Betty felt ashamed and isolated. Finally, on the advice of her therapist, she attended a self-help group. "That was the day my life turned around," says Betty. "I met people who knew what it was like because they had been there too. I always thought that going to others for support was a sign of weakness, right? WRONG! I learned that we all need to get support from others, and that it feels great when you can give support out of your own experience. And most of all, I learned that life goes on..."

Vision

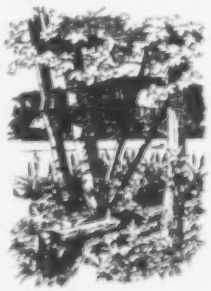
Mental health and well-being occur:

- when people live, develop, learn, work, relax and heal in a way that enables them to make choices and participate fully in community life.
- when people have access, as close to home as possible, to a comprehensive, connected range of supports and services focused on the promotion, maintenance and recovery of mental well-being.

Values

We believe that the following values are fundamental to the achievement of good mental health for individuals and communities:

- the right to dignity, respect and choices
- participation in decision-making
- recognition of individual strengths and differences
- individual and collective responsibility
- fairness and social justice



Provincial policy and practice are to be based on these values, in order to support the type of system most effective in promoting mental health.

Principles

The implementation of policy is to be guided by key principles. These principles encourage select activities to achieve the vision:

Person-Centered and Participatory

- responsive to the unique needs of the individual, across all age groups
- individuals and communities define their own needs and participate in the planning and delivery of services

Accessible and User Friendly

- provides good, consistent information about available services and supports
- easy to understand and access

Community-Based

- supports the individual living in the community
- provides the least restrictive form of care as close to home as possible

A Comprehensive Continuum

- provides a continuum of services and supports, including informal supports, focused on well-being and recovery
- encompasses promotion, prevention, crisis intervention, acute and continuing care, case management and support, with an emphasis on prevention and early intervention

Appropriate and Coordinated

- connects the person to the most appropriate service or support
- enables smooth connection to other resources that people need to maintain their mental health

Collaborative

- involves a multi-disciplinary team approach, with the person and significant caregiver included as key members of the team
- respects and supports the caring role of family and friends
- values self-help and other informal initiatives
- uses a range of knowledge bases

Sensitive to Regional and Community Needs

- responsive to regional needs and differences, while maintaining consistency in access to service province-wide
- involves partnerships within communities and generates community capacity and ownership

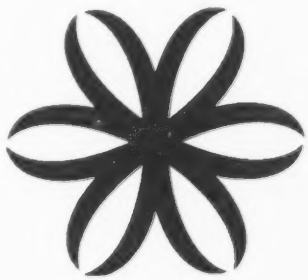
Efficient and Accountable

- uses evidence-based Best Practices for planning, monitoring and evaluation
- uses resources appropriately and efficiently
- is accountable both to the consumer and the public for quality of service

Cautions

As well as guiding principles, there are guiding cautions. We do not want a mental health system which:

- institutionalizes services
- makes service criteria more important than people's needs
- hospitalizes people inappropriately
- has long waiting lists for needed services
- practices tokenism (inviting people to participate but not truly valuing their input)
- uses the medical model of service delivery exclusively
- stigmatizes consumers or their families



Goals

Goals define what we want our mental health policies to accomplish:

1. Through education and information, promote and support the good mental health of all people of Newfoundland and Labrador.

   - ✦ community education about mental health and mental illness, and reduction of stigma related to mental illness
   - ✦ increase people's capacity to lead productive lives within their communities
   - ✦ build on individual and community strengths

2. Provide the professional services needed by individuals with mental illnesses or mental health problems at the time and in the way that is appropriate to their situation.

   - ✦ develop a continuum of care which addresses current gaps
   - ✦ a comprehensive range of services across the age spectrum, gender sensitive
   - ✦ early diagnosis and intervention

3. Ensure smooth connection to the other community services and supports that people need to maintain their mental health.

   - ✦ effective coordination, collaboration and communication
   - ✦ promote teamwork and partnership locally, regionally and province-wide

4. Ensure the involvement of the individual and significant caregivers (family or friends) in planning and decision-making.

   - ✦ meaningful consumer and family participation at all levels
   - ✦ education and resources to support participation

5. Ensure accountability of the system to the consumer and the public

   - ✦ use Best Practices to establish evaluation frameworks

6. Make the most effective, flexible use of available resources

   - ✦ allocate funding and human resources to support vision of comprehensive mental health system

SUPPORTING EVIDENCE

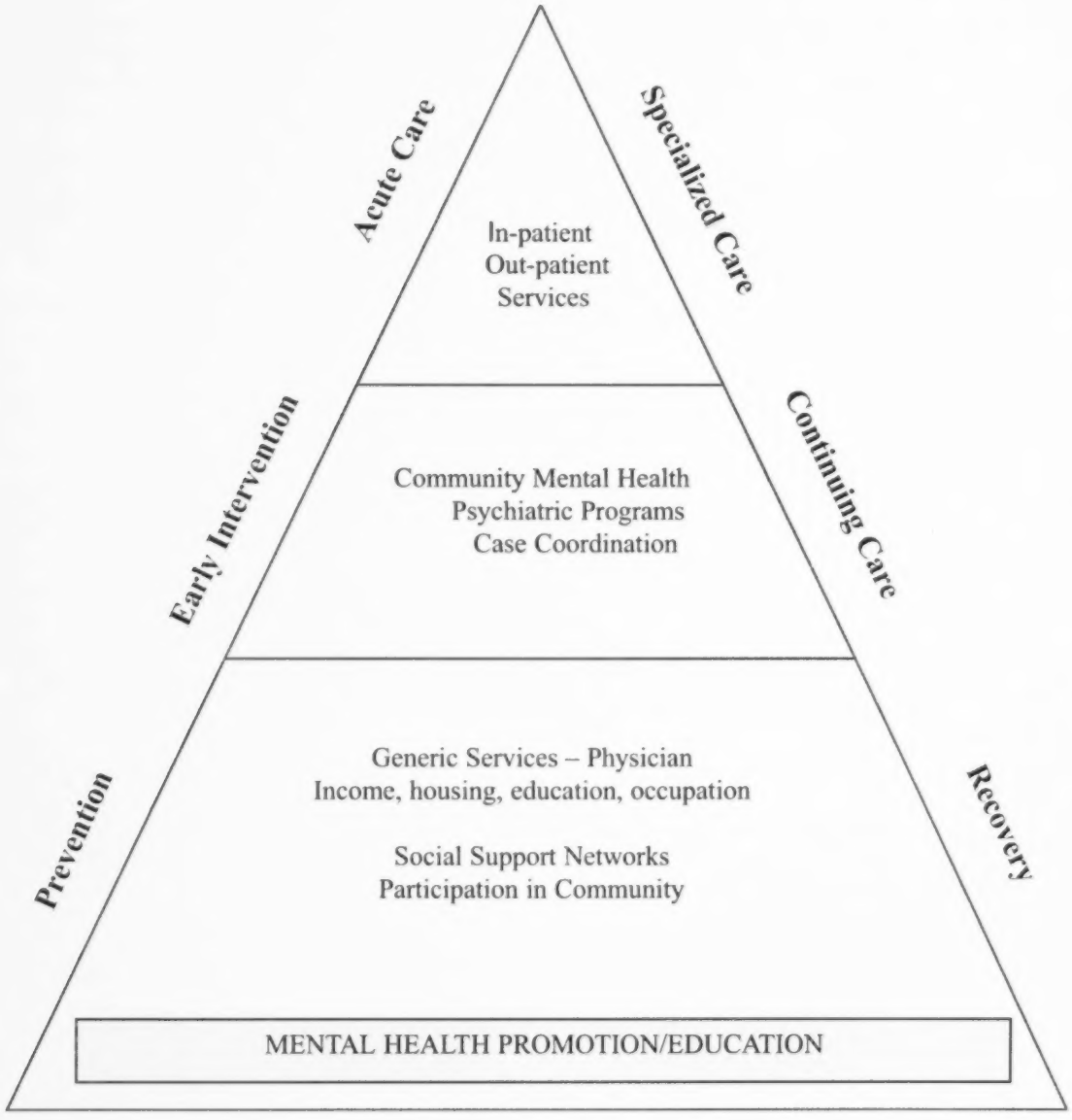
BEST PRACTICE KNOWLEDGE

The development of our mental health system needs to be guided by what is known to work. The following table identifies nationally accepted, evidence-based findings on Best Practices in Mental Health Reform, defining the core elements of a mental health system which supports recovery and well-being.9 We need to learn from these findings and use them to guide goal-setting and the development mental health outcome indicators:

Key Elements of A Reformed System of Care	
Best Practice Area	**Checklist Criteria**
Case Management/ACT	An array of clinical case management programs are in place that follow rehabilitation, personal strengths and Assertive Community Treatment (ACT) models. There is an emphasis on ACT models for those who need intensive support, including special needs groups such as the homeless and persons with dual disorders.
Crisis Response/ Emergency Services	A continuum of crisis programs are in place to help people resolve crises using minimally intrusive options.
Housing	There is a variety of housing alternatives available, ranging from supervised community residences to supported housing, with emphasis on supported housing. Housing needs of the homeless mentally ill are addressed.
Inpatient /outpatient care	Inpatient stays are kept as short as possible without harming patient out comes. An array of treatment alternatives to inpatient hospitalization are available, including day hospitalization and home treatment. Long stay patients in provincial psychiatric hospitals are moved into alternative care models in the community. Service delivery models link family physicians with mental health specialists.
Consumer Initiatives	Consumer initiatives are in place that have diverse purposes such as mutual aid, skills training and economic development. Consumer initiatives are supported through funding, consumer leadership training, education of professionals and the public about consumer initiatives, and evaluation using appropriate methods.
Family self-help	Funding is provided to family groups who also participate in planning and evaluation of care delivery.
Vocational/educational supports	There are supported employment programs in place, and plans for implementing and evaluating pilot programs in supported education and social recreation.

A SERVICE FRAMEWORK

The following diagram shows the different levels of service that are needed to support mental health and well-being, prevent avoidable problems and crises, treat illness and enable recovery:



The **base** of the pyramid represents the broad dimension of mental health and well-being, where people live in the community and cope well with the daily demands of their lives. Social support networks and involvement in work or other activities contribute to the experience of well-being.

Everyone should be entitled to access **generic services** (eg. family physician, housing, education and income support) according to need. These services should be available within the local area.

When significant mental health problems or symptoms of mental illness develop, access is needed as quickly as possible to appropriate community mental health programs. These programs would include crisis response, counselling and community-based psychiatric services (which might be provided by a family physician in consultation with a psychiatrist). Also included would be community-based services such as case-coordination, supported housing and vocational programs, as well as self-help groups and consumer initiatives.

Acute and specialized psychiatric care would be provided primarily in regional centres on an in-patient and out-patient basis. A small number of specialized services may have to provided through provincial programs.

Mental health education and promotion would be needed for all people and should be included as an integral part of all services.

THE CHALLENGES AHEAD

CURRENT STATUS:

Our current mental health services reflect the history of their development. The provincial psychiatric centre in St. John's is a modernized Waterford Hospital with reduced beds and community programs, yet dating from the days when people with serious mental illnesses were detained in large institutions for much of their lives.

Psychiatric units in some general hospitals provide services on a regional level, although people with specialized needs may still have to come to St. John's.

In urban centres, where the bulk of the mental health budget is allocated to the hospital sector, mental health programs serving people living in the community are often hospital-run. A few community programs have been started by voluntary groups to respond to the need for services in the areas of housing, employment, counselling and social support. Since the establishment of regional community health boards in 1994, there has been a small increase in the number of community-based mental health counsellors and mental health programs in rural areas.

Departments of government other than Health and Community Services also serve people with mental illnesses and mental health problems who are in their systems. Justice and Education are significantly involved, while Human Resources and Employment plays a key role for people who need the basic supports of income, housing and medications.

In the private sector, there is a growing number of fee-for-service practitioners. Health insurance policies and employee assistance programs will often assist with part-payment of fees, but many people who need services do not have these benefits.

None of these pieces is part of an overall plan. Different organizations develop their programs separately and resources are allocated on a service-by-service basis. To bring about effective coordination among agencies across the continuum of care, and also between government departments, is a major challenge.

ISSUES TO ADDRESS

While there is broad agreement on the kind of mental health system we want, there are obstacles that we need to address. These derive both from the history of mental health service provision (in which this province is no different from others across Canada) and from the particular challenges posed by our geography, our economy and the changes taking place within our communities. We must find creative ways, at both the provincial and regional levels, to ensure that people throughout the province can obtain appropriate support and services when they need them.

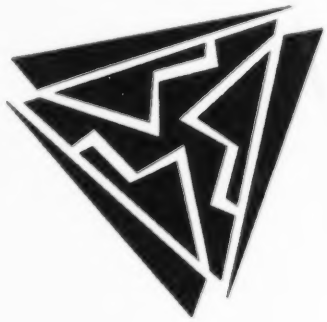
1. Reducing Regional Disparities

While geographic, cultural and other characteristics of the province make differences in service provision inevitable, there are major inequities between regions in terms of access to services. Factors that contribute to these inequities include:

- ✦ distance from services
- ✦ lack of community supports
- ✦ out-migration of younger people
- ✦ aging population
- ✦ difficulties in recruiting and retaining mental health professionals in rural areas
- ✦ centralization of specialized services

Objective:

- ⇨ each region involve key stakeholders in an analysis of regional service components and gaps according to Best Practices continuum



2. Developing a Genuine Continuum

At present we do not have a solid continuum of mental health care. Even in St. John's, with its relative wealth of services, there are serious gaps, and resources are much less in the other health regions. Some of the problems/challenges that have arisen as a result of these inadequacies include:

- ✦ the system has a crisis orientation rather than a prevention or early intervention focus
- ✦ there is difficulty in accessing appropriate services
- ✦ services are used inappropriately at times
- ✦ there is an overuse of police resources for transportation and detention
- ✦ individual/family need is sometimes secondary to agency eligibility criteria

Objective:

- ⇨ each region involve key stakeholders in identifying priorities for services and supports to be accessed at a local and regional level

3. Improving Coordination, Collaboration and Communication

Along with the present fragmentation of services, there is often a lack of mutual understanding between agencies or sectors, especially during this period of major restructuring. It is difficult for hard-pressed service-providers to keep abreast of all relevant developments. This means clients may get inadequate information about what is available to support them, or "get the runaround" of referral to programs for which they do not fit the criteria. Factors that hinder collaboration among components of the service system:

- ✦ lack of connectedness/coordination between services
- ✦ communication among mental health and other agencies and supports "turf" issues
- ✦ poor communication with consumer and family about what is and is not available, including limitations of services
- ✦ unclear expectations and corresponding disappointment on the part of the consumer

Objectives:

- ⇨ The development of a regional plan that facilitates networking and cooperative programming among significant stakeholders

4. Making Better Use of Human Resources

The legacy of the system's focus on treatment rather than prevention/promotion includes:

- ✦ system oriented to medical and hospital-based treatment
- ✦ dependence on psychiatrists for multiple functions, including gate-keeping and referral to other disciplines
- ✦ labour organizations focused on employment in institutions

We need to make better use of our qualified mental health professionals and enable psychiatrists to provide specialized and consulting services, particularly to rural areas and to family physicians. We need to assign more staff to community-based services. We also need to recognize the role played by volunteers and self-help groups in providing emotional support as a form of prevention, as well as an adjunct to counselling and psychotherapy.

Objectives:

- ⇨ appropriate distribution of responsibilities among available mental health professionals
- ⇨ a labour strategy to facilitate staffing community-based services
- ⇨ support for consumer and family self-help group development
- ⇨ community training for people interested in providing help and support to others

5. Becoming Person-Centered and Participatory

When there are gaps and inadequate coordination, it is more likely that the person will have to fit into the system rather than the system being responsive to the needs of the individual. Over the last ten years, the provincial mental health consumer movement has highlighted the importance of individuals taking part in planning and decision-making that affects them, but there continue to be barriers:

- ✦ stigma and lack of sensitivity to the experience of mental illness, even within mental health services
- ✦ tokenism
- ✦ a persisting conviction that "the professional knows best"
- ✦ discomfort with and lack of knowledge about how to support genuine participation by consumers

Objectives:

- ⇨ include consumer-presented experiential knowledge in professional curriculums, orientations and inservice training
- ⇨ allocate resources (transportation, meals, day-care, and where appropriate honorariums) to support consumer participation

6. Obstacles to User-friendly Access

At present we have multiple entry points to the mental health system, and the lack of coordination and communication described above often leads to confusion and frustration on the part of the consumer. It is questionable whether a one-stop access system is feasible: all parts of the system need to be points of entry.

Objectives:

- ⇨ clear, accurate, easy to understand information about the range of services and supports available locally, regionally and provincially
- ⇨ help available to explain so that person knows where, what, how to access
- ⇨ support in making connections

7. Fragmented Resource Allocation

Despite what we know about the need for community-based resources to support mental health, at least three quarters of the mental health budget continues to be spent on hospital services. Recent years have seen reductions in institutional beds, but the funds saved have not been reallocated to community programs. Given the limitation of available resources, we need a critical, on-going review of:

- ✦ where and how mental health funding is spent
- ✦ how to make better use of existing formal resources
- ✦ how to maximize the potential of other community and informal resources

We need coordinated budgeting for mental health services to enable resources to be allocated as part of an overall plan and transferred from one area to another according to priorities. The current system of separate budgeting for institutional and community services prohibits this kind of flexibility and makes it very difficult to develop a real continuum of care.

Objectives:

- ⇨ a coordinated approach to mental health budgeting
- ⇨ enhancement of community-based services
- ⇨ use of Best Practices framework for monitoring and evaluation
- ⇨ accountability via social as well as financial auditing

8. Consumer Rights and Mental Health Legislation

The rights and civil liberties of people with mental illness must be guaranteed and protected. The current Mental Health Act dates from 1971 and requires a complete overhaul to bring it in line with human rights legislation, including consent to treatment, appeal procedures and the right to advocacy. Involuntary detention disenfranchises very ill people, and the use of police to bring people for assessment is often traumatic. The right to privacy, dignity and respect must be paramount, and consumers must have access to information on their rights and to advocacy services to ensure their rights. Also to be addressed is the exclusion from the Advance Health Care Directives legislation of people certified under the Mental Health Act.

Objectives:

- ⇨ a new Mental Health Act with provision for Advance Health Care Directives
- ⇨ support of mental health and consumer advocacy within each region

CONCLUSION

To advance the vision of a comprehensive, responsive mental health system to reality, a mental health strategic plan will need to be developed. This will require the involvement and commitment of participants representing the four core elements of the Community Resource Base Model and with mental health consumers providing leadership. Guided by the directions set out in this document, future work will involve provincial, regional and local participants working together to design a plan to resolve the challenges and foster collaboration between all parts of the system in all parts of the province. Key considerations in achieving provincial standards and regional equity will include:

- **accessibility**: What programs and supports are needed at the community level to respond to the everyday needs of individuals and families with mental health concerns? How should specialized services be structured and organized?

- **availability**: What constitutes an adequate range of formal (income support, housing, etc.) and informal supports (volunteers, self-help groups, etc.) within a health region?

- **sustainability**: What is the overall funding for mental health services and how is that funding broken down by region, level of service etc. What are the service priorities?

- **quality**: What outcomes are being achieved through mental health service provision? what is being evaluated within the system?

Efforts to reshape the mental health system are consistent with the overall reform happening within the larger health and community services system. Timing is right to move forward and create the array of services and programs that will have the most impact on the health and well being of the whole population. **VALUING MENTAL HEALTH** provides the beginning framework for a successful transition.

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